

Showman, Keith (DEQ)

From: Showman, Keith (DEQ)
Sent: Wednesday, March 28, 2012 11:26 AM
To: 'Lindsay Check Snoddy'
Subject: Stone Robinson Elementary School STP - VPDES VA0076244 - Application

Dear Ms. Snoddy:

Your application has been reviewed and appears to be complete. The waivers you requested from sampling and reporting at Outfall 001 have been granted. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next few weeks.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,

Keith A. Showman

Water Permit Writer Senior
DEQ-Valley Regional Office
PO Box 3000
Harrisonburg, VA 22801
Ph. 540-574-7836
Fax 540-574-7878

**MEMORANDUM
DEPARTMENT OF ENVIRONMENTAL QUALITY
VALLEY REGIONAL OFFICE**

4411 Early Road - P.O. Box 3000

Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0076244, Stone-Robinson Elementary School STP, Albemarle County

TO: PP File

FROM: Keith Showman

DATE: March 28, 2012

The following deficiencies were noted in the subject permit reissuance application:

VPDES Permit Application Addendum

Item 6 – Based on information on file with DEQ, it is known that the nature of operations generating wastewater is an elementary school.

EPA Form 2A

Item A.12. Effluent testing information (pH, Flow, BOD5, & TSS) for Outfall 001 was not provided on the applicant, since this information was previously submitted with the monthly DMR's. The applicant has requested a waiver from temperature and fecal coliform data submittal. The requested waivers appear to be justified.

VPDES Sewage Sludge Permit Application Form

Item A.5. – The topographical map submitted with the application is deficient in several areas.

Item A.6. – The line drawing submitted with the application is deficient in several areas.

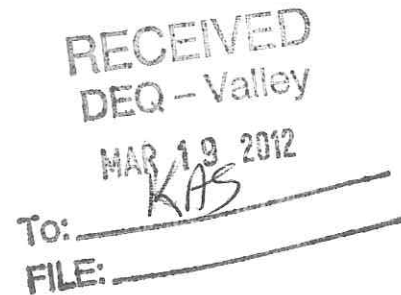
The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: DMG 3-28-12



ALBEMARLE COUNTY PUBLIC SCHOOLS
Building Services Department
2751 Hydraulic Road
Charlottesville, Virginia 22901

March 16, 2012



Mr. Keith Showman
Department of Environmental Quality
Valley Regional Office
4411 Early Road
P.O. Box 3000
Harrisonburg, VA 22801

Re: Stone-Robinson Elementary VPDES VA0076244 Permit Renewal

Dear Mr. Showman:

Please find enclosed one original and three copies of the VPDES Renewal Application for Permit No. VA0076244 for Stone-Robinson Elementary School in Albemarle County. The application consists of the following forms:

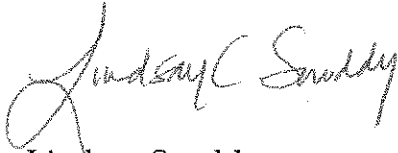
1. EPA Form 3510-2A (Application Form 2A)
2. VPDES Sewage Sludge Permit Application Form
3. VPDES Application Addendum
4. Annual Permit Maintenance Fee Billing Form
5. Public Notice Billing Information Form
6. Sludge Acceptance Letter from Rivanna Water & Sewer Authority

Due to continued compliance under the sampling schedule in the current permit, Albemarle County Public Schools respectfully requests that monitoring for TSS and BOD₅ remains once every 6 months.

"An Equal Opportunity Employer"

Please contact me at (434) 975-9340 or lcsnoddy@k12albemarle.org if there are any questions or concerns related to the permit renewal application.

Sincerely,

A handwritten signature in cursive script that reads "Lindsay C Snoddy". The signature is written in dark ink and is positioned above the printed name.

Lindsay Snoddy
Environmental Compliance Manager

cc: Virginia Department of Health, Office of Water Programs
Environmental Engineering Office
131 Walker Street; Lexington, VA 24450

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Albemarle County Public Schools
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Y ☒ N
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.

3. **What is the tax map parcel number for the land where this facility is located?** 79-23A

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** None

5. **ALL FACILITIES:** What is the design average flow of this facility? 0.007 MGD
Industrial facilities: What is the max. 30-day avg. production level (include units)? _____

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / N

If "Yes", please specify the other flow tiers (in MGD) or production levels: _____

Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**

100 % of flow from domestic connections/sources

Number of private residences to be served by the wastewater treatment facilities: X 0 1-49 50 or more

____ % of flow from non-domestic connections/sources

7. **Mode of discharge:** X Continuous Intermittent Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

- X Permanent stream, never dry
 Intermittent stream, usually flowing, sometimes dry
 Ephemeral stream, wet-weather flow, often dry
 Effluent-dependent stream, usually or always dry
 Lake or pond at or below the discharge point
 Other: _____

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9. **Approval Date(s):**
O & M Manual May 24, 2002 Sludge/Solids Management Plan September 23, 1988

Have there been any changes in your operations or procedures since the above approval dates? Y ☒ N

10. **Date that a copy of the application was sent to the Virginia Department of Health?** March 16, 2012

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**

Facility Name: Stone-Robinson Elementary School STP

Permit Number: VA0076244

Owner Name: Albemarle County Public Schools

Owner Address: 2751 Hydraulic Road

Charlottesville, VA 22901

Billing Contact Name: Lindsay Snoddy

Title: Environmental Compliance Manager

Phone Number: (434) 975-9340

E-Mail Address: lesnoddy@k12albemarle.org

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Daily Progress in accordance with 9 VAC 25-31-290.C.2.

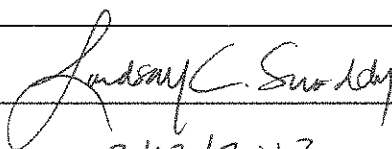
Agent/Department to be billed: Albemarle County Public Schools/Building Services
Department

Owner: Albemarle County Public Schools

Agent/Department Address: 2751 Hydraulic Road
Charlottesville, VA 22901
Daily Progress Account #3309435

Agent's Telephone No.: (434) 975-9340

Printed Name: Lindsay Snoddy

Authorizing Agent – Signature: 

Date: 3/12/2012

VPDES Permit No. VA0076244
Stone Robinson Elementary School STP

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Stone-Robinson Elementary School STP; VA0076244

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Stone-Robinson Elementary School STP

Mailing Address 2751 Hydraulic Road
Charlottesville, VA 22901

Contact person Lindsay Snoddy

Title Environmental Compliance Manager

Telephone number (434) 975-9340

Facility Address 958 North Milton Road
(not P.O. Box) Charlottesville, VA 22901

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MAR 19 2012
To: _____
FILE: _____

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Albemarle County Public Schools

Mailing Address 2751 Hydraulic Road, Charlottesville, VA 22901

Contact person Lindsay Snoddy

Title Environmental Compliance Manager

Telephone number (434) 975-9340

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0076244 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Elementary School</u>	<u>490</u>	<u>Separate</u>	<u>Public</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>490</u>			

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Stone-Robinson Elementary School STP; VA0076244

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.007
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.002</u>	<u>0.002</u>	<u>0.002</u> mgd
c. Maximum daily flow rate	<u>0.006</u>	<u>0.006</u>	<u>0.006</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent 0
iii. Combined sewer overflow points 0
iv. Constructed emergency overflows (prior to the headworks) 0
v. Other _____

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

Stone-Robinson Elementary School STP; VA0076244

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

NA mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

_____ Yes

_____ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____

continuous or

_____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Stone-Robinson Elementary School STP; VA0076244

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B. "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location 22901
(City or town, if applicable) (Zip Code)
Albemarle VA
(County) (State)
38 00' 36" -78 24' 02"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) NA ft.
- d. Depth below surface (if applicable) NA ft.
- e. Average daily flow rate 0.002 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Rivanna River
- b. Name of watershed (if known) Rivanna River; Stream Mile: 34.05; Basin: James (middle); Subbasin: N/A
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Stone-Robinson Elementary School STP; VA0076244

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary
☐ Advanced ☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 95 %
 Design SS removal 95 %
 Design P removal _____ %
 Design N removal _____ %
 Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

- d. Does the treatment plant have post aeration?

☐ Yes ☒ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

Monitoring for pH, flow, TSS, and BOD-5 previously submitted with DMRs

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.5	s.u.			
pH (Maximum)	7.0	s.u.			
Flow Rate	0.004	MGD	0.003	MGD	3
Temperature (Winter)	ambient				
Temperature (Summer)	ambient				

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	20	MG/L	9	MG/L	3		
	CBOD-5							
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)		45	MG/L	15	MG/L	3		

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Stone-Robinson Elementary School STP Permit Application Waiver Requests

EPA Form 3510-2A:

Item A.12.

Effluent testing information (pH, Flow, cBOD₅, & TSS) for Outfall 001 are not provided as this data has been previously submitted with the monthly DMR's.

A waiver from reporting Temperature is requested since the treatment facility does not include any treatment process that alter the temperature of the wastewater.

A waiver from reporting fecal coliform is requested since adequate disinfection is achieved using chlorination.

FACILITY NAME AND PERMIT NUMBER:

Stone-Robinson Elementary School STP; VA0076244

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Joseph P. Letteri - Director of Building Services DepartmentSignature Telephone number (434) 975-9340Date signed 3/15/12

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☐ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

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MAR 19 2012
To: _____
FILE: _____

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

- a. Facility name: Stone-Robinson Elementary School STP
- b. Contact person: Lindsay Snoddy
Title: Environmental Compliance Manager
Phone: (434) 975-9340
- c. Mailing address: 2751 Hydraulic Road
Street or P.O. Box: _____
City or Town: Charlottesville State: VA Zip: 22901
- d. Facility location:
Street or Route #: 958 North Milton Road
County: Albemarle
City or Town: Charlottesville State: VA Zip: 22901
- e. Is this facility a Class I sludge management facility? Yes ☒ No
- f. Facility design flow rate: 0.007 mgd
- g. Total population served: 490
- h. Indicate the type of facility:
☒ Publicly owned treatment works (POTW)
☐ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe): _____

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: Albemarle County Public Schools
- b. Mailing address:
Street or P.O. Box: 2751 Hydraulic Road
City or Town: Charlottesville State: VA Zip: 22901
- c. Contact person: Lindsay Snoddy
Title: Environmental Compliance Manager
Phone: (434) 975-9340
- d. Is the applicant the owner or operator (or both) of this facility?
☒ owner ☐ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☐ facility ☒ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0076244
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes ☒ No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? X Yes No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: Rivanna Water & Sewer Authority
Mailing address: 695 Moores Creek Lane
Street or P.O. Box:
City or Town: Charlottesville State: VA Zip: 22902
Phone: (434) 977-2970
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
VPDES VA 0025518
If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).
- Contractor operates facility and disposes of sludge in accordance with the Sludge Management Plan.
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
- X Section A (General Information)
 X Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
 Section C (Land Application of Bulk Sewage Sludge)
 Section D (Surface Disposal)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Joseph P. Letteri, Director of Building Services

Signature  3/15/12 Date Signed

Telephone number (434) 975-9340

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

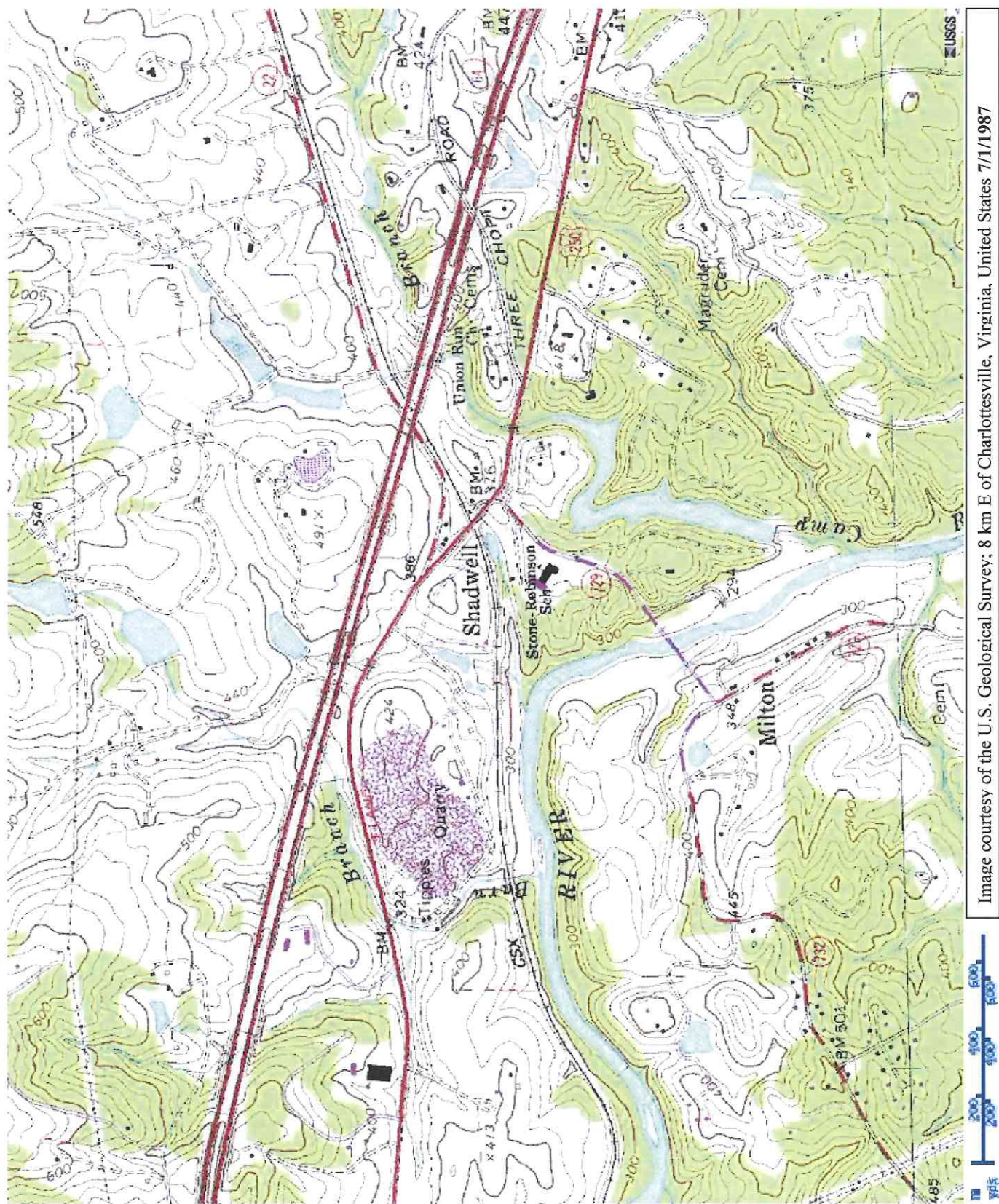


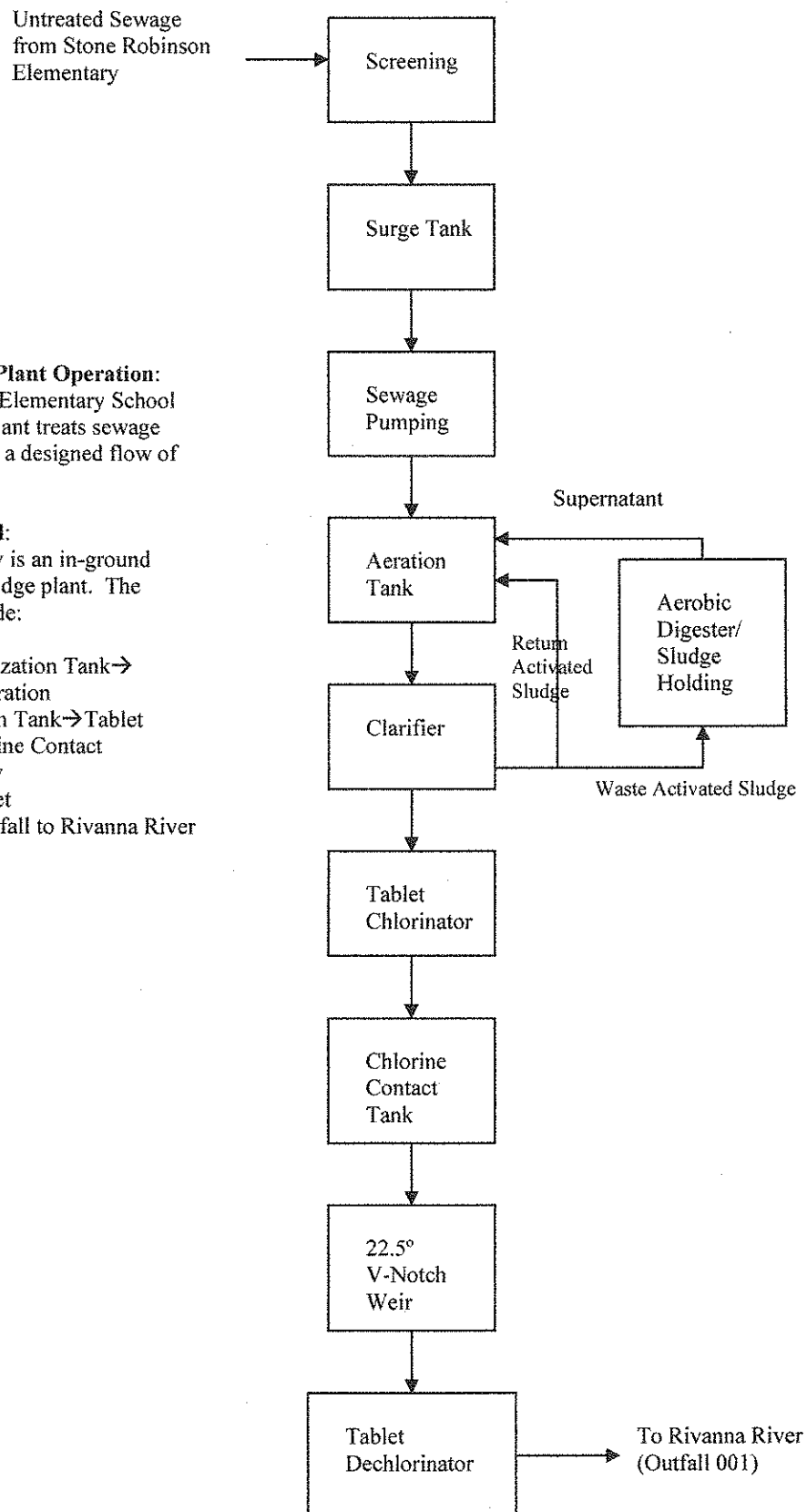
Image courtesy of the U.S. Geological Survey; 8 km E of Charlottesville, Virginia, United States 7/1/1987

Stone Robinson Elementary School STP – VPDES Permit Number VA0076244
Line Diagram – Sewage Sludge Application; Question A.6

Sewage Treatment Plant Operation:
 The Stone Robinson Elementary School Sewage Treatment Plant treats sewage waste generated with a designed flow of 0.007 MGD.

Treatment Provided:
 The treatment facility is an in-ground package activated sludge plant. The treatment units include:

Bar Screen → Equalization Tank →
 Activated Sludge Aeration
 Tank → Sedimentation Tank → Tablet
 Chlorination → Chlorine Contact
 Tank → Effluent Flow
 Measurement → Tablet
 Dechlorination → Outfall to Rivanna River



**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
Total dry metric tons per 365-day period generated at your facility: 0.7 dry metric tons
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. NA
 - a. Facility name:
 - b. Contact Person:
Title:
Phone ()
 - c. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
 - d. Facility Address:
(not P.O. Box)
 - e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
 - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
3. Treatment Provided at Your Facility.
 - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
Class A Class B X Neither or unknown
 - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Aerobic digestion
 - c. Which vector attraction reduction option is met for the sewage sludge at your facility?
Option 1 (Minimum 38 percent reduction in volatile solids)
Option 2 (Anaerobic process, with bench-scale demonstration)
Option 3 (Aerobic process, with bench-scale demonstration)
Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
Option 5 (Aerobic processes plus raised temperature)
Option 6 (Raise pH to 12 and retain at 11.5)
Option 7 (75 percent solids with no unstabilized solids)
Option 8 (90 percent solids with unstabilized solids)
X None or unknown
 - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Aerobic digestion
 - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:
4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge). NA
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
 - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
_____ dry metric tons
 - b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
Yes No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land. NA
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)
- Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
 - Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.
6. Shipment Off Site for Treatment or Blending.
(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)
- Receiving facility name: Moore's Creek WWTP
 - Facility contact: Cary Lang
Title: Wastewater Department Manager
Phone: (434) 977-2970
 - Mailing address: 695 Moore's Creek Lane
Street or P.O. Box: _____
City or Town: Charlottesville State: VA Zip: 22902
 - Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 0.7 dry metric tons
 - List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
Permit Number: VA 0025518 Type of Permit: VPDES
 - Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? X Yes No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
 Class A Class B Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Anaerobic digestion
 - Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? X Yes No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
X Option 1 (Minimum 38 percent reduction in volatile solids)
 Option 2 (Anaerobic process, with bench-scale demonstration)
 Option 3 (Aerobic process, with bench-scale demonstration)
 Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
 Option 5 (Aerobic processes plus raised temperature)
 Option 6 (Raise pH to 12 and retain at 11.5)
 Option 7 (75 percent solids with no unstabilized solids)
 Option 8 (90 percent solids with unstabilized solids)
 None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: Anaerobic digestion
 - Does the receiving facility provide any additional treatment or blending not identified in f or g above?
X Yes No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:
Blending
 - If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes ☒ No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. North Milton Road to Rt 250W to I-64W to Exit 121. Right on Rt. 20. Right on Quarry Road. Left on Monticello Road. Right on Linden St. Left on Nassau St., Right on Franklin St., One load per 2 months on a Monday, Tuesday, Wednesday or Thursday between 8 am – 3 pm.

7. Land Application of Bulk Sewage Sludge. NA

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: _____ dry metric tons
- b. Do you identify all land application sites in Section C of this application? Yes ☐ No ☐
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? Yes ☐ No ☐
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal. NA

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? Yes ☐ No ☐
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: Site Owner ☐ Site operator ☐
- e. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
Permit Number: _____ Type of Permit: _____

9. Incineration. NA

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___ Yes ___ No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: ___ Incinerator Owner ___ Incinerator Operator
- e. Mailing address.
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
Permit Number: _____ Type of Permit: _____

10. Disposal in a Municipal Solid Waste Landfill. NA

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name:
- b. Contact person:
Title:
Phone: ()
Contact is: ___ Landfill Owner ___ Landfill Operator
- c. Mailing address.
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- d. Landfill location.
Street or Route #:
County:
City or Town: _____ State: _____ Zip: _____
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
_____ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: _____ Type of Permit: _____

- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
___ Yes ___ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ___ Yes ___ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ___ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.



RIVANNA WATER & SEWER AUTHORITY

695 MOORES CREEK LANE • CHARLOTTESVILLE, VIRGINIA 22902-9016
(434) 977-2970 • FAX: (434) 293-8858 • WEBSITE: WWW.RIVANNA.ORG

March 7, 2012

Lindsay Check Snoddy
Environmental Compliance Manager
Albemarle County Public Schools
Building Services Department
2751 Hydraulic Road
Charlottesville, VA 22901

Dear Ms. Check:

This letter confirms Rivanna Water & Sewer Authority's Moores Creek STP (VA0025518) will accept waste sludge from the Stone Robinson Elementary School STP (VA0076244) and will process and dispose of this material in accordance with the Moores Creek STP approved sludge disposal plan as long as the sewer discharge from the school remains domestic wastewater.

If you have any questions regarding the above, please contact me at (434) 977-2970 ext. 112.

Sincerely,

Cary L. Lang
Manager, Wastewater Operations



SERVING CHARLOTTESVILLE & ALBEMARLE COUNTY

